

Arizona School Emergency Response Plan Minimum Requirements Checklist

Use this checklist to determine if your emergency response plan complies with Arizona requirements. The elements of the minimum requirements are listed below. Your plan must contain each listed element to be in compliance. This checklist can assist you in conducting your annual review.

Y	N	UNK	INTRODUCTION:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Table of contents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approval statement and dated signatures of principal and appropriate district official
			PURPOSE:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State the purpose of the emergency response plan
			SITUATION:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State the size and location of your facility in acres and the number, general size, and use of each of the buildings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State the number of students and employees normally on hand, and any scheduled daily differences in population
			DIRECTION AND CONTROL:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Create a management system which will include a chain of command and alternates to carry out the plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designate a primary and alternate on-site Command Post
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify persons, by title and agency, who will be notified during an emergency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe the warning signals or commands that alert staff and students to emergency responses; 1. Evacuation 2. Reverse evacuation 3. Drop, cover, hold 4. Lockdown 5. Shelter in place
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designate primary and alternate evacuation routes and assembly areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe how disabled and/or non-English-speaking children will be provided for
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide a resource inventory of emergency items available - communication equipment, first aid, medical, fire fighting equipment, lighting, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post a Classroom Emergency Response Guide in each room or assembly area for student and staff
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each school should have a battery powered radio in case of power failure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make provisions for off campus emergencies (field trip, bus, etc...)
Y	N	UNK	PLAN DEVELOPMENT AND MAINTENANCE:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide an annual review of plan, attachments, responses, and needs, and update when necessary
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annually train staff regarding warning/ response signals, evacuation routes, assembly areas, emergency procedures, and chain of command
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review current management system or Incident Command System annually with staff and train those who have assigned responsibilities

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annually practice response drills with students 1. Evacuation 2. Reverse evacuation 3. Drop, cover, hold 4. Lockdown 5. Shelter in place
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One school district employee will participate in training annually
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overview of plan explained and distributed to parents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schools will send a copy of their plan to be on file in the district office
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APPENDICES AND ATTACHMENTS:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Management system or ICS structure and responsibilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student roster with parent phone numbers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Master schedule
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Faculty/staff roster with emergency phone numbers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community emergency numbers: 1. General emergency number - 911 2. Ambulance 3. Poison Control Center 4. Local hospital 5. Police Dept/Sheriff/State Police 6. Fire Dept
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Map of evacuation route(s) and assembly areas, student release gate, command post(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site plan or blueprint of the facility and floor plan(s) of the building(s) showing location of water and gas shut off points, heat plants, boilers, generators, flammable liquid storage, other hazard materials storage, fire fighting equipment placement, first aid facilities, exits, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lists with the name, title, address, telephone number, and organizational responsibilities for emergency operations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sample statements/letters for use in notifying faculty, students, parents, and media about emergency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student accountability/release forms

Area	Comments

Site name/District/County:

Site Review

Date:	Name/Title/Signature:
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District Review

Date:	Name/Title/Signature:
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County Review

Date:	Name/Title/Signature:
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State Review

Date:	Name/Title/Signature:
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